

REPORT OF ACTION TAKEN  
REGARDING THE MAKING OF A CARRYFORWARD ELECTION AND THE ISSUANCE OF PRIVATE ACTIVITY BONDS

California Debt Limit Allocation Committee  
915 Capitol Mall, Room 311  
Sacramento, CA 95814  
(916) 653-3255

Please complete and mail form to the above address within **15 days** of issuing private activity bonds.

1. NAME OF ISSUER:  
Address/City/State/Zip:  
Contact Person: Phone: (    )  
Title: Fax: (    )
2. ISSUER'S FEDERAL EMPLOYER IDENTIFICATION NUMBER:
3. CDLAC RESOLUTION NUMBER AWARDED THE ALLOCATION: #  
CDLAC APPLICATION NUMBER (shown on Exhibit "A" of Resolution) #
4. DATE CARRYFORWARD ELECTION MADE:
5. AMOUNT OF CDLAC ALLOCATION ELECTED TO BE CARRIED FORWARD: \$
6. DATE BONDS ISSUED:
7. CUSIP (Committee on Uniform Securities Identification Procedures) NUMBER OF THE BOND WITH THE LATEST MATURITY (if issue does not have a CUSIP, enter "none"):
8. PRINCIPAL AMOUNT OF BONDS ISSUED: \$  
AMOUNT OF CDLAC ALLOCATION USED: \$  
AMOUNT OF CDLAC ALLOCATION NOT USED: \$

If the Principal Amount of Bonds Issued is different from the Amount of CDLAC Allocation Used, please briefly explain the difference:

9. NAME OF BOND ISSUE:
10. PROJECT/PROGRAM NAME (identify former name if name has changed since allocation was awarded):
11. PRIVATE USER NAME:
12. TYPE OF PROJECT:
13. COUNTY(S) IN WHICH PROJECT(S) IS/ARE LOCATED:

For CDLAC use only:

Agenda \_\_\_\_\_

Greensheet \_\_\_\_\_

RAT Docs \_\_\_\_\_

(CONTINUED ON REVERSE PAGE)

14. PERSON TO BE BILLED FOR CDLAC FEE:

Title:

Phone: (    )

Firm:

Fax:    (    )

Address/City/State/Zip:

15. UNDERWRITER/PLACEMENT AGENT:

Address/City/State/Zip:

Contact Person:

Phone: (    )

Fax:    (    )

16. BOND COUNSEL FIRM:

Name of Attorney:

Address/City/State/Zip:

Contact Person:

Phone: (    )

Fax:    (    )

17. PERSON COMPLETING FORM (if different from #14 above):

Title:

Phone: (    )

Firm/Agency:

Fax:    (    )

Address/City/State/Zip:

The undersigned do hereby certify to the accuracy of the information contained herein.

\_\_\_\_\_  
Signature of Issuer's Representative

\_\_\_\_\_  
Signature of Bond Counsel

\_\_\_\_\_  
Print Name of Issuer's Representative

\_\_\_\_\_  
Print Name of Bond Counsel

Date:

Date: